

600 Central Ave. Ste 265 | Highland Park, IL 60035 (direct) 847.775.1970 | (fax) 847.775.1985 info@QuadA.org

OPT Clinic Identification Form

No Information Changes	Information Changes Noted Below
Clinic Identification Number	
Name of Clinic	
Name of Clinic Administrator (must hol	d at a minimum a Bachelor's degree)
Address	Suite
City	State Zip
Phone	Fax
Website	Email
Name of Clinic Owner, Controlling Stoc	ckholder and/or Beneficial Ownership (List additional names on separate sheet)
Clinic Licensure	Date
☐ Not Previously Accredited by	Other Accrediting Organization
☐ Previously Accredited by Othe	er Accrediting Organization
Name(s) of Other Organization:	
Initial Survey Date	Class
Last Re- Survey Date	Class